



European Centre for Disease Prevention and Control

Annual Declaration of Interests for 2025

First Name: Isabel

Last Name: de la Fuente Garcia

Country: Luxembourg

Current Employer: Public sector

ECDC Involvement: Advisory Forum (ECDC Governing Body)

I do hereby declare on my honour that to the best of my knowledge, the only interests I have or have had in the previous 5 years are those listed below

1. Please fill in any employment in the previous five years, including your present employment.

Starting Year	Ending Year	Name of the organization	Job Title	Nature of Employment	Specific Type
2011	2014	Sainte Justine Hospital, Montréal	Fellow in Paediatric infectious diseases	Academia	
2014	Ongoing	National Centre for Paediatrics and Infectious diseases, Centre Hospitalier du Luxembourg	Hospital paediatrician ( Infectious diseases) Medical chief of unit (National centre for Pediatrics)	Public Sector	

2. Do you have, or have you had, ownership or other investments, including shares?

No interest declared

3. Are you, or have you been, a member of a Managing Body or equivalent structure?

No interest declared

4. Are you, or have you been, a member of a Scientific Advisory Body?

Starting Year	Ending Year	Name of the organization	Type of organization	Nature of Involvement	Remuneration (Amount, Currency, beneficiary)	Beneficiary of Remuneration
2014	Ongoing	Conseil supérieur des maladies infectieuses, Ministère de la santé Luxembourg	NACI - Ministry of health	president and representative of the Pediatric Luxembourgish Society	50 euros/meeting	Personal

5. Have you offered any consultancy or advice in the past 5 years?

Starting Year	Ending Year	Name of the organization	Nature of activity	Type of Contract	Remuneration (if any)	Specify other type of activity	Key tasks and responsibilities
2021	2023	Government task force COVID-19	Expert Advice		No		Advisor
2022	Ongoing	Expert group on covid 19 vaccination during pregnancy (evaluation of safety - national data).Ministry of Health.	Expert Advice		No (no personal remuneration)		Advisor

6. Have you received any research funding?

Starting Year	Ending Year	Name of the organization	Type of organization	Subject of research funding	Personal role in the project	Recipient of funding
2019	2020	Personalised medecine Consortium	University of Luxembourg/National Laboratoty of health/ CHL	Metagnenomics in encephalitis patients	Co-investigator	Employer
2020	Ongoing	Fonds nationaux de recherche	Public institutions research consortium in Luxembourg (Luxembourg institute of health, National laboratory of health, CHL)	COVID (Porject: Predicovid)	co-investigator	Employer

7. Do you have any intellectual property rights?

No interest declared

8. Do you have, or have you had, any other memberships or affiliations?

Starting Year	Ending Year	Name of the organization	Nature of membership/affiliation
2011	Ongoing	ESPID	current member

9. Are there any interests of close family members?

No interest declared

10. Is there any other interest you want to declare?

No interest declared

I confirm the information on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the ECDC website

Full Name: Isabel de la Fuente Garcia

Date: 2025-01-29 13:02